



The Tom Wathen Center at Historic Flabob Airport

Programs Registration

Please print legibly.

This Programs Registration covers all young people, under the age of 18, for participation in any “Programs” at Flabob Airport. The fully completed form must be returned prior to the commencement of any Program in which the young person, called the “Participant,” wishes to participate.

PARTICIPANT INFORMATION:

Last _____ First _____

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Participant Email Address _____

Age _____ Date of Birth _____ Gender _____ Male _____ Female T-Shirt Size _____

Is your son or daughter taking any medication at present? Please specify: _____

Is there any medical or other information we should know to assure their well being while they are with us? _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN PROGRAM:

Special Diet? _____

The Participant is physically able to engage in program activities, except as noted here: _____

MEDICAL INSURANCE INFORMATION:

No special health and/or accident insurance coverage is provided for this event. Please supply the following information about your coverage. It is recommended that participants also carry identification for personal medical/hospital insurance coverage.

Name of Insured: _____ Employer: _____

Employee ID Number _____ Insurance Company: _____

Group Number: _____ Policy Number: _____

Address of Claims Office: _____

Claims Office Telephone: (____) _____

EMERGENCY CONTACT INFORMATION:

If the parents/guardians cannot be reached in an emergency, contact:

EMERGENCY CONTACT #1:

Name: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT #2:

Name: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION:

Last: _____ First: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

**AGREEMENT TO WAIVE LIABILITY, TO ASSUME RISK,
AND TO INDEMNIFY IMPORTANT NOTICE**

Before signing this Agreement, read this entire document very carefully. This is because, if an accident were to occur involving the Participant, you will (by signing this agreement) be giving up legal rights that you or your child might otherwise have and you might be incurring legal liabilities that you might not otherwise have. If you do not understand anything in this document, or if you object to anything in this document, you should not sign the Agreement, and you should instead consult an attorney. For questions, please contact John Lyon at (951) 683-2309.

I am the parent or legal guardian of the child named below (the "Participant"), entering into this Agreement on my behalf and on the behalf of the Participant, and our personal representatives, assigns, heirs and next of kin. In return for the benefits that the Participant will receive from participating in The Tom Wathen Center at Flabob Airport's Programs, I agree as follows:

1. **ASSUMPTION OF RISK.** THE PARTICIPANT AND I ASSUME ALL RISKS OF INJURY OR DEATH TO HIM OR HER, AND WE ALSO ASSUME ALL RISKS OF DAMAGE TO PROPERTY BELONGING TO EITHER OF US, OCCURRING AS A RESULT OF HIS OR HER PARTICIPATION IN THE TOM WATHEN CENTER AT FLABOB AIRPORT’S PROGRAMS.

2. **RELEASE, DISCHARGE, AND AGREEMENT NOT TO SUE.** THE PARTICIPANT AND I RELEASE AND DISCHARGE THE TOM WATHEN CENTER AND FLABOB AIRPORT FROM ALL CLAIMS THAT WE MIGHT OTHERWISE HAVE AGAINST THE TOM WATHEN CENTER AND FLABOB AIRPORT FOR ANY INJURY OR DEATH RESULTING TO THE PARTICIPANT, OR FOR ANY DAMAGE TO OUR PROPERTY, AS A RESULT OF HIS OR HER PARTICIPATION IN THE TOM WATHEN CENTER AT FLABOB AIRPORT ACTIVITIES.

3. **AGREEMENT TO HOLD HARMLESS AND INDEMNIFY.** THE PARTICIPANT AND I WILL HOLD THE TOM WATHEN CENTER AND FLABOB AIRPORT HARMLESS FROM (THAT IS, WE WILL INDEMNIFY THE TOM WATHEN CENTER AND FLABOB AIRPORT) ANY THIRD PARTY CLAIM FOR INJURY, DEATH, OR DAMAGES OCCURRING AS A RESULT OF THE PARTICIPANT’S PARTICIPATION IN THE TOM WATHEN CENTER AT FLABOB AIRPORT’S PROGRAMS.

I understand that this assumption of risk, release, and hold harmless agreement shall apply EVEN IF the injury, death or damages results from The Tom Wathen Center’s or Flabob Airport’s PASSIVE OR ACTIVE NEGLIGENCE, although I also understand that it will not apply to any liability for harm that is caused by an intentional or reckless act by The Tom Wathen Center or Flabob Airport.

PERMISSION FOR AIRCRAFT FLIGHT

I HEREBY GRANT PERMISSION AND INDEMNITY TO THE Tom Wathen Center, Flabob Airport, EAA Chapter One, associated organizations, officers and employees; aircraft owners and pilots for the flight activities of The Tom Wathen Center at Flabob Airport. All flights will be accomplished in aircraft operating and currently licensed under the regulations of the Federal Aviation Administration. Experienced pilots, appropriately licensed by the Federal Aviation Administration will be “pilot in command” of each flight. All flights will be under FAA Visual Flight Rules during the program.

PUBLICITY RELEASE

I agree to allow the Participant’s name and image to be used for publicity by The Tom Wathen Center at Flabob Airport and expect no financial compensation in return. I also agree to be added to The Tom Wathen Center’s mailing list and understand that I can opt out at any time.

Dated: _____

Name of Participant (Printed): _____

Signature of Participant: _____

Parent or Guardian’s Name (Printed): _____

Parent or Guardian’s Signature: _____

Notice Of Nondiscriminatory Policy - The Tom Wathen Center admits students and youth of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Tom Wathen Center. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and all other programs offered by it.



Periodically, the Tom Wathen Center applies for grants dedicated to serving families from a variety of income levels. In order to be eligible for this funding, we must request the following information from all participants in the program. It will be held as confidential and have no bearing a child's ability to participate in any program offered by the Tom Wathen Center. Thank you for your understanding.

Income Self-Certification Form
(Confidential)

Name: _____

Address: _____

Please circle household size and appropriate income category shown below.

2022 HUD Income Limits (Effective April 18, 2022)				
Number of Persons Household/Family	30% of Median	50% of Median	51% to 80% of Median	>81% of Median
1	\$0 - \$18,500	\$18,501 - \$30,800	\$30,801 - \$49,300	>\$49,301
2	\$0 - \$21,150	\$21,151 - \$35,200	\$35,201 - \$56,350	>\$56,351
3	\$0 - \$23,800	\$23,801 - \$39,600	\$39,601 - \$63,400	>\$63,401
4	\$0 - \$27,750	\$27,751 - \$44,000	\$44,001 - \$70,400	>\$70,401
5	\$0 - \$32,470	\$32,471 - \$47,550	\$47,551 - \$76,050	>\$76,051
6	\$0 - \$37,190	\$37,191 - \$51,050	\$51,051 - \$81,700	>\$81,701
7	\$0 - \$41,910	\$41,911 - \$54,600	\$54,601 - \$87,300	>\$87,301
8	\$0 - \$46,630	\$46,631 - \$58,100	\$58,101 - \$92,950	>\$92,951

Number of Persons in this Household: _____ No. of Adults: _____ No. Of Children under 18 _____
Household self-identified as:

Single Race Category

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

Multiple Race Category

- American Indian or Alaska Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaska Native & Black/African American
- Other _____

Are you of Hispanic/Latino Ethnicity? Yes No
Are you a female head of household? Yes No

I have disclosed all household income information and certify that the above household information is correct.

Print Name Signature Date Birthdate

Print Name Signature Date Birthdate